

JPW



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of) Group Art Unit: 2121
)
JULIE A. GANNON, ET AL.)
)
Application Number: 10/699,125)
)
Filed: October 31, 2003)
)
Title: SOFTWARE ENABLED)
ATTACHMENTS)
)
Attorney Docket No.: 03-364)

Peoria, Illinois 61629-6490

August 30, 2004

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

ATTN: OFFICIAL DRAFTSPERSON

DRAWING CORRECTIONS

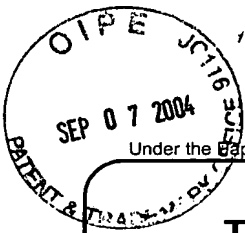
Sir:

Subject to the approval of the Examiner, enclosed are new formal drawings,
sheets 1/2 and 2/2.

Respectfully submitted,

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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/699,125
	Filing Date	10/31/2003
	First Named Inventor	Julie A. Gannon ET AL.
	Art Unit	2121
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	03-364

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosures(s) (please identify below):
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	W. Bryan McPherson III, Registration No. 41,988
Signature	
Date	August 30, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope address to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date: 08/30/2004	
Typed or printed name	W. Bryan McPherson III
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Date	8/30/04

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